

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041066

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Filed OCT 26 1962

Primary Registration District No. 500 Registrar's No. 2910

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy		c. CITY OR TOWN Maplewood	
Length of stay in 1b 1 month		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O'Sullivan Nursing Home		d. STREET ADDRESS (If outside, give location) 2518 Gerhard Ave.	
3. NAME OF DECEASED (Type or print) First MARCELLA Middle NMI Last KILLINGSWORTH		4. DATE OF DEATH Month October Day 7 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-21-1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafeteria Waitress		10b. KIND OF BUSINESS OR INDUSTRY Can Mfg.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Wilhelmina Litteken	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs Christine Finlay, above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hematuria, massive		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (b) Pelvic Carcinomatosis		unknown	
DUE TO (c) Carcinoma cervix		unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uterine transplantation & wks.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis 17, Mo.	
21. I attended the deceased from Sept 11, 1962 to Oct 7, 1962 and last saw her alive on Oct 3, 1962 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10/8/62	
22a. SIGNATURE Lewis Litmann MD		22b. ADDRESS 8231 Clayton Rd.	
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Removal	23b. DATE 10-9-62	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. 10-8-62	
26. REGISTRAR'S SIGNATURE John C. Murphy MD		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin Barteau

Licensed Embalmer No.

4903

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.